

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

CENTRAL.

FLUNG DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7	1					
8	1					
9	2					
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		2				
20		1				
21		1				
22		1				
23		1				
24		1				
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	27	1	19	1		
TOTAL CLAIMS	28	1	21	1		

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS